



# CITY OF SAN DIEGO

## REQUEST FOR UNCLAIMED MONIES

CLAIM NUMBER	AMOUNT	CLAIM NUMBER	AMOUNT
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Each of the undersigned claimants certifies under penalty of perjury: That claimant is the owner of said unclaimed monies and the person entitled to receive the money set forth in the claim.

Each claimant agrees to indemnify and hold harmless the City of San Diego, its officers, and employees from any loss resulting from the payment of said claim.

### EACH CLAIMANT MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED.

FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NO.		
STREET ADDRESS		CITY	STATE/PROVINCE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED			DATE	

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STREET ADDRESS		CITY	STATE/PROVINCE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED			DATE	

### YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM AMOUNT IS OVER \$1,000

Subscribed and sworn before me this _____ day of _____ year of _____	
_____ Notary Public in and for	
The County of _____, State of _____	

Send completed affirmation to: City of San Diego, Office of the City Auditor & Comptroller  
Unclaimed Monies Claim Processing  
202 C Street – Mail Station 6A  
San Diego, CA 92101